GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

Page 1 of 2 Ser No. 049919

198524 Enter Company Registration Number

Engineer [redacted]
Gas Safe [redacted]
Engie Office Address 14A
EARLSMITE AVE.
SHEFFIELD
S10 3EA.

Contract Number
Customer Name RAVENSTONE A/B
Site Address 2 WOODHEAD WAY.
SHEFFIELD
Postcode S10 3AS
Received By NONE Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	PLANT ROOM	BOILER 1	RENEHA QUINTA 65	0901906015970	BAXI	RS
2	YES	SERVICE		BOILER 2	RENEHA QUINTA 65	0901906015980	BAXI	RS.
3								
4								

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA) S/M	YES	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework cleaved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² or ventilation flow rate inlet m³/h	Actual 1948	Required (Calculated)	65 0
High level free area cm² or ventilation flow rate extract m³/h	Actual 1948	Required (Calculated)	65 0
All ventilation grills clear and unobstructed (Yes/No)		Fans and/or flue interlocks operating correctly (Yes/No/NA)	

Details of any faults	Remedial Action Taken	Comments and calculations
NEW FLUE CONNECTS UNITS	TO BE CHECKED.	

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	NA	NA	NA	NA
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	96	96	98	98
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES
Heat net input rating data (kW)	65	65	65	65

	App 1 High	App 1 Low	App 2 High	App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	21	21	21	21
Gas burner pressure (mbar) or heat input kW/h measured	22.5	23	22.5	23
Gas rating measured (kW/h / NA) NET	57.2	10-7	58.4	10.7
Air/gas ratio control setting (%/NA)	NA	NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)	30.4	21.8	31.3	12.9.
Oxygen (O_2 %)	5.4	5.2	5.1	5.2
Carbon Monoxide (CO)(ppm)	40	23	41	18

	App 1 High	App 1 Low	App 2 High	App 2 Low
Carbon Dioxide (CO_2) (%)	8.8	8.9	8.8	8.9
Excess Air (%)	34.6	33.3	33.0	33.0
CO/CO_2 Ratio	0.0005	0.0003	0.0004	0.0002
Gross Efficiency (%)	99.9	101.0	99.9	101.4
CO flue dilution (ppm)	NA	NA	NA	NA
Standing pressure (mbar)	25	25	25	25
Working pressure (mbar)	22.5	23	22.5	23.
Is appliance safe for use (Yes/No)	YES	YES	YES	YES
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	KANE 958			
Test Instrument serial number	12172001			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

Date 19-07-22
Signature [redacted]

White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer